



# Physical Requirements of Position/Occupational Title

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-1280

## Section 1

This form must be completed by the member and their employer to supplement, if any, the physical requirements listed on the member's duty statement/job description.

## Member Information

Name of Member (First Name, Middle Initial, Last Name)		Social Security Number	
Position/Occupational Title		Name of Employer	
Worksite Street Address			
City		State	ZIP

## Section 2

Indicate with a check mark (✓) the frequency required for each activity listed at the right.

## Physical Requirements Information

Activity	Never	Occasionally Up to 3 hours	Frequently 3–6 hours	Constantly Over 6 hours	Distance/ Height
Sitting					
Standing					
Running					
Walking					
Crawling					
Kneeling					
Climbing					
Squatting					
Bending (neck)					
Bending (waist)					
Twisting (neck)					
Twisting (waist)					
Reaching (above shoulder)					
Reaching (below shoulder)					
Pushing & Pulling					
Fine Manipulation					
Power Grasping					
Simple Grasping					
Repetitive use of hand(s)					
Keyboard Use					
Mouse Use					
Lifting/Carrying					
0 – 10 lbs.					
11 – 25 lbs.					
26 – 50 lbs.					
51 – 75 lbs.					
76 – 100 lbs.					
100 + lbs.					

Continued on page 2.

Put your name and  
Social Security number  
at the top of every page.

Your Name

Social Security Number

## Section 2 (continued)

Indicate with a check  
mark (✓) the frequency  
required for each activity  
listed at the right.

## Physical Requirements, continued

Activity	Never	Occasionally Up to 3 hours	Frequently 3–6 hours	Constantly Over 6 hours	Distance/ Height
Walking on uneven ground					
Driving					
Working with heavy equipment					
Exposure to excessive noise					
Exposure to extreme temperature, humidity, wetness					
Exposure to dust, gas, fumes, or chemicals					
Working at heights					
Operation of foot controls or repetitive movement					
Use of special visual or auditory protective equipment					
Working with bio-hazards (e.g., blood-borne pathogens, sewage, hospital waste, etc.)					

Comments or additional requirements not listed above:

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## Section 3

## Signature of Employer and Member

The employer must give  
the member a copy of  
this form once it has  
been completed and  
signed by both parties.  
The employer then sends  
the original to CalPERS.

The member must  
attach their current duty  
statement/job description  
and copy of the *Physical  
Requirements of Position/  
Occupational Title* form to  
the *Physician's Report on  
Disability* prior to sending  
to their physician.

Signature of Employer Representative

Date (mm/dd/yyyy)

Title

( )  
Phone Number

Signature of Member

( )  
Phone Number

Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796